

Foster Family Home - Corrective Action Report

Provider ID: 1-100084

Home Name: Florimel Pascua Balauag, NA

Review ID: 1-100084-11

1582 Lehua Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 5/23/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/23/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/23/19.

6.(d)(1) - see applicable sections of the review

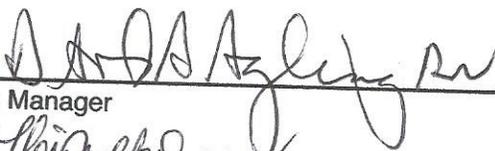
Foster Family Home Background Checks [11-800-8]

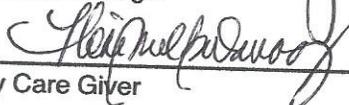
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1),(2) - No current APS/CAN and eCrim and CG #4. Expired on 6/24/18.


Compliance Manager


Primary Care Giver

5/23/19
Date

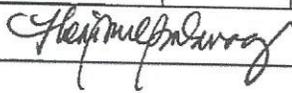
5-23-19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Florimel Pascua Balauag

CCFFH Address: 1582 Lehua St. Honolulu, Hawaii 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(1)(1)(2)	I received the current APS/CAN and eCrime for SCG#4 and placed in my CCFFH binder	June 21, 2019	I placed th expiration dates for APS/CAN and eCrime for all SCG's on my iphone calendar. I had set an alarm as a reminder for myself 1 month prior the expiration date.

Primary Caregiver's Signature: 

Print Name: Florimel Balauag

Date of Signature: 6/22/19